

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: _____ **Filings Made During the Year 2016**

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	2	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Separate Accounts Annual Statement (8 ½"x14")	xxx	EO	xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	xxx	EO	xxx	4/1	NAIC	
	11	Analysis of Annuity Operations by Lines of Business	xxx	EO	xxx	4/1	NAIC	
	12	Analysis of Increase in Annuity Reserves During Year	xxx	EO	xxx	4/1	NAIC	
	13	Credit Insurance Experience Exhibit	xxx	EO	xxx	4/1	NAIC	
	14	Health Care Exhibit (Parts 1, 2 and 3) Supplement	xxx	EO	xxx	4/1	NAIC	
	15	Health Care Exhibit's Allocation Report Supplement	xxx	EO	xxx	4/1	NAIC	
	16	Interest Sensitive Life Insurance Products Report	xxx	EO	xxx	4/1	NAIC	
	17	Investment Risk Interrogatories	xxx	EO	xxx	4/1	NAIC	
	18	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	xxx	EO	xxx	4/1	NAIC	
	19	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	xxx	EO	xxx	4/1	NAIC	
	20	Long-term Care Experience Reporting Forms	xxx	EO	xxx	4/1	NAIC	
	21	Management Discussion & Analysis	KY EO	EO	xxx	4/1	Company	See "B" page 4
	22	Medicare Supplement Insurance Experience Exhibit	xxx	EO	xxx	3/1	NAIC	
	23	Medicare Part D Coverage Supplement	xxx	EO		3/1, 5/15, 8/15, 11/15	NAIC	
	24	Risk-Based Capital Report	KY EO	EO	xxx	3/1	NAIC	See "B" page 4
	25	Schedule SIS	KY EO	N/A	N/A	3/1	NAIC	See "B" page 4
	26	Supplemental Compensation Exhibit	KY EO	N/A	N/A	3/1	NAIC	See "B" page 4
	27	Supplemental Schedule O	xxx	EO	xxx	3/1	NAIC	
	28	Trusted Surplus Statement	xxx	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	29	Workers' Compensation Carve-Out Supplement	xxx	EO	xxx	3/1	NAIC	
	30	XXX/XXXX Reinsurance Exhibit	KY EO	EO		4/1	NAIC	See "B" page 4
		Actuarial Related Items						
	31	Actuarial Certification Related Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities	xxx	EO	xxx	3/1	Company	
	32	Actuarial Certification Related to Hedging required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1	Company	
	33	Actuarial Certification Related to Reserves required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1	Company	
	34	Actuarial Certification regarding use 2001 Preferred Class Table	xxx	EO	xxx	3/1	Company	
	35	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies required by Actuarial Guideline XXXVIII 8D	2	N/A	xxx	4/30	Company	
	36	Actuarial Opinion	KY EO	EO	xxx	3/1	Company	
	37	Actuarial Opinion on X-Factors		EO	xxx	3/1	Company	
	38	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit	xxx	EO	xxx	3/1	Company	
	39	Actuarial Opinion on Synthetic Guaranteed Investment Contracts	xxx	EO	xxx	3/1	Company	
	40	Actuarial Opinion required by Modified Guaranteed Annuity Model Regulation	xxx	EO	xxx	3/1	Company	
	41	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1	Company	

	42	Management Certification that the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII	xxx	EO	xxx	3/1	Company	
	43	RAAIS required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5)	KY EO	N/A	xxx	3/15	Company	
	44	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	45	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXV	xxx	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	46	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI	xxx	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	47	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value)	xxx	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	48	Reasonableness & Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value)	xxx	EO	xxx	3/1,5/15, 8/15, 11/15	Company	
	49	RBC Certification required under C-3 Phase I	1	EO		3/1	Company	
	50	RBC Certification required under C-3 Phase II		EO		3/1	Company	
	51	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	EO		3/1	Company	
	52	Statement on par/non-par policies – Exhibit 5 Int. 1&2	1	EO		3/1	Company	
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	61	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	64	Separate Accounts Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	65	Separate Accounts .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	66	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	67	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	68	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	69	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	2	EO	xxx	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	88	Request for Exemption to File	1	N/A	N/A		Company	
	89	Relief from the five-year rotation requirement for lead audit partner	xxx	EO	xxx	3/1	Company	
	90	Relief from the one-year cooling off period for independent CPA	xxx	EO	xxx	3/1	Company	
	91	Relief from the Requirements for Audit Committees	xxx	EO	xxx	3/1	Company	
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance	xxx	0	0		State	
	102	Certificate of Deposit	xxx	0	1	3/1	State	
	103	Certificate of Valuation	xxx	0	0		State	
	104	Filings Checklist (with Column 1 completed)	xxx	0	0		State	
	105	Premium Tax	See "D" page 3	0	See "D" page 3	3/1	State	See "D" page 4
	106	State Filing Fees	xxx	0	1	3/1	State	See "C" page 4
	107	Signed Jurat	xxx	0	1	3/1		See "L" page 5
	108	Details Listing of Securities Held Under Safekeeping (Form 143)	2	0	0	3/15, 5/15, 8/15, 11/15		
	109	Affidavit Covering Finance Committee (Form 450)	2	0	0	3/1		
	110	Certificate of Advertising (Form 440)	2	0	1	3/1		

	111	Insurance Holding Company System Annual Registration Statement	1	0	0	4/1		
	112	Schedule of Miscellaneous Investments (Form 460 and Form 470)	2	0	0	3/1, 5/15, 8/15, 11/15		
	113	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	2	0	0	3/1		
	114	Regulatory Asset Adequacy Issues Summary	2	0	0	3/15		

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**

****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

*****For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm**

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	<p>Required Filings Contact Person</p> <p>Kentucky Department of Insurance Financial Standards and Examination Division 215 West Main Street, P.O. Box 517 Frankfort, KY 40601 Phone Number: 502-564-6082 Division e-mail: DOI.FinancialStandardsMail@ky.gov</p>	<p>Contacts: Primary : Susan Perkins Susan.Perkins@ky.gov Secondary: Rodney Hugle Rodney.Hugle@ky.gov Phone Number: 502-564-6082</p> <p>Division e-mail DOI.FinancialStandardsMail@ky.gov</p>
	B	<p>Mailing Address For KY ELECTRONIC, Hand or Overnight delivery:</p> <p>Kentucky Department of Insurance 215 West Main St. Frankfort, KY 40601 Attn. Financial Standards & Examination Division</p> <p>Division e-mail DOI.FinancialStandardsMail@ky.gov</p>	<p>Mailing Address for Regular Mail:</p> <p>Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517 Attn. Financial Standards & Examination Division</p> <p>Division e-mail DOI.FinancialStandardsMail@ky.gov</p>
	C	<p>Mailing Address for Filing Fees: RENEWAL FEES PAID ONLINE</p> <p>To pay on-line, click on eServices on the DOI website (http://insurance.ky.gov/). Your Annual Statement contact person should have the appropriate “USERNAME” and “PASSWORD” to process the payment.</p>	<ul style="list-style-type: none"> • Renewal fees paid online • Other fees mailed to the address above
	D	<p>Mailing Address for Premium Tax Payments: (see below)</p> <p>Premium tax forms can be accessed on the Dept. of Revenue’s website (http://revenue.ky.gov/forms). Click on “Current Year Forms.”</p> <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: fit-content;"> <p>NOTE: Please <u>DO NOT</u> Submit PREMIUM TAX payments to the KY Department of Insurance.</p> </div>	<p>Post Office Box: Department of Revenue P.O. Box 1303 Frankfort, KY 40602-1303 OR Physical Address: Department of Revenue 501 High Street Frankfort, KY 40601</p> <p>Phone Number: 502-564-4810</p>
	E	<p>Delivery Instructions: PAY ATTENTION TO YOUR DEADLINES</p>	<p>ALL filings must be postmarked no later than the indicated due date, regardless of the due date falling on a weekend or holiday.</p>
	F	<p>Late Filings: FINES FOR LATE FILINGS</p>	<p>Companies will be fined \$100 Per Day for ALL late filings, even in situations where a request for extension has been received in writing and approved. For all late filings received WITHOUT extension approval, and additional civil penalty of \$1,000 may be assessed.</p>
	G	<p>Original Signatures: REQUIRED FOR DOMESTIC COMPANIES</p>	<p>Original signatures are required on ALL filings from domestic companies. Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.</p>

	H	Signature/Notarization/Certification: REQUIRED BY KENTUCKY STATUTE	Per KRS 304.3-240(1) -shall be verified by oaths of a least two (2) of the insurers' principal officers.
	I	Amended Filings: APPLIES TO DOMESTIC COMPANIES ONLY	For domestic companies , amended items must be filed within ten (10) days of the amendment, along with an explanation of the amendment. Same applies for original filings where signatures are required.
	J	Exceptions from normal filings:	Domestic companies should apply for an exemption or extension at least thirty (30) days prior to the filing due date. Foreign companies MUST supply a written copy of any exemption or extension, received by their state of domicile, at least ten (10) days prior to their filing due date to receive approval of an exemption or extension from the Kentucky Department of Insurance.
	K	Bar Codes (State or NAIC): REFER TO http://insurance.ky.gov/	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
	L	Signed Jurat:	Kentucky REQUIRES Foreign companies to file a copy of a Signed Jurat Page by March 1 as part of their Annual Statement Filings.
	M	NONE Filings: REFER TO http://insurance.ky.gov/	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
	N	Filings new, discontinued or modified materially since last year:	For ALL companies , please see "Note P" and "Note Q" below.
	O	Notification of Adverse Financial Condition	Notice of Adverse Financial Condition is due five (5) business days after receipt of the accountant's report and must be sent to the Kentucky Department of Insurance Early Warning Analyst (EWA): Sandra Batts, EWA Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517
	P	Kentucky Annual Filing Instructions: REFER TO http://insurance.ky.gov/	For additional instructions, please see the attached Kentucky Annual Filing Instructions listed on the Kentucky Department of Insurance website. The instructions should appear directly above

			the NAIC checklists provided for each type of entity.
	Q	Company's Responsibility to Review/Update their Information on Kentucky Department of Insurance website: Website address http://insurance.ky.gov/	All companies should refer to the Kentucky Department of Insurance website under " <i>Company Info</i> " to review and verify their company information. If corrections or updates need to be made, companies should notify the Kentucky Department of Insurance by submitting the appropriate form(s) on the NAIC UCAA Corporation Amendments Application. Please be advised: *the Form 12 – deals with changes to the Service of Process *the Form 14 – deals with address and contact changes *Biographical affidavits should ONLY be submitted for NEW Presidents

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk-Based Capital .PDF Filing*** is the .pdf file for risk-based capital data.

The *Separate Accounts Electronic Filing* includes the separate accounts annual statement and investment schedule detail.

The *Separate Accounts .PDF Filing* is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions*.

The *Supplement .PDF Filing* is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the “Number of Copies” “Foreign” column for the appropriate schedules and exhibits. . **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

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